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| APPLICATION NUMBER | FILING/RECEIPT DATE | FIRST NAMED APPLICANT | ATTORNEY DOCKET NUMBER |
|--------------------|---------------------|-----------------------|------------------------|
| 09/612,789         | SEP 22 2000         | Satyan G. Pitroda     | 2683/79382             |

Walter J Kawula Jr Esq  
 Welsh & Katz Ltd  
 22nd Floor  
 120 South Riverside Plaza  
 Chicago, IL 60606

## FORMALITIES LETTER



Date Mailed: 09/01/2000

## NOTICE TO FILE MISSING PARTS OF NONPROVISIONAL APPLICATION

FILED UNDER 37 CFR 1.53(b)

*Filing Date Granted*

An application number and filing date have been accorded to this application. The item(s) indicated below, however, are missing. Applicant is given TWO MONTHS from the date of this Notice within which to file all required items and pay any fees required below to avoid abandonment. Extensions of time may be obtained by filing a petition accompanied by the extension fee under the provisions of 37 CFR 1.136(a).

- The statutory basic filing fee is missing.  
*Applicant must submit \$ 690 to complete the basic filing fee and/or file a small entity statement claiming such status (37 CFR 1.27).*
- The oath or declaration is unsigned.
- To avoid abandonment, a late filing fee or oath or declaration surcharge as set forth in 37 CFR 1.16(e) of \$130 for a non-small entity, must be submitted with the missing items identified in this letter.
- The balance due by applicant is \$ 820.

*A copy of this notice MUST be returned with the reply.*

*N. FISSHA*  
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PART 2 - COPY TO BE RETURNED WITH RESPONSE

11/27/2000 HNDOR1 00000064 09612789

01 FC:201 355.00 OP  
 02 FC:205 65.00 OP

Please type a plus sign (+) inside this box



PTO/SB/21 (6-98)

Approved for use through 09/30/2000. OMB 0651-0031  
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|   |                      |                        |            |
|---|----------------------|------------------------|------------|
| <b>TRANSMITTAL FORM</b><br>(to be used for all correspondence after initial filing) | Application Number   | 09/612,789             |            |
|   | Filing Date          | July 10, 2000          |            |
|   | First Named Inventor | Satyan G. Pitroda      |            |
|   | Group Art Unit       | 2745                   |            |
|   | Examiner Name        |                        |            |
| Total Number of Pages in This Submission  | 10                   | Attorney Docket Number | 2683-79382 |

### ENCLOSURES (check all that apply)

|  |   |  |
|--|---|--|
| <input checked="" type="checkbox"/> Fee Transmittal Form                             | <input type="checkbox"/> Assignment Papers (for an Application)                         | <input type="checkbox"/> After Allowance Communication to Group  |
| <input checked="" type="checkbox"/> Fee Attached                                     | <input type="checkbox"/> Drawing(s)   | <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences  |
| <input type="checkbox"/> Amendment/Response  | <input type="checkbox"/> Licensing-related Papers                                       | <input type="checkbox"/> Appeal Communication to Group (Appeal Notices, Brief, Reply Brief)  |
| <input type="checkbox"/> After Final   | <input type="checkbox"/> Petition Routing Slip (PTO/SB/69) and Accompanying Petition    | <input type="checkbox"/> Proprietary Information   |
| <input type="checkbox"/> Affidavits/declaration(s)                                   | <input type="checkbox"/> Petition to Convert to a Provisional Application               | <input type="checkbox"/> Status Letter   |
| <input checked="" type="checkbox"/> Extension of Time Request                        | <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address | <input checked="" type="checkbox"/> Return Receipt Postcard  |
| <input type="checkbox"/> Express Abandonment Request                                 | <input type="checkbox"/> Terminal Disclaimer  | <input checked="" type="checkbox"/> Additional Enclosure(s) (please identify below):   |
| <input type="checkbox"/> Information Disclosure Statement                            | <input checked="" type="checkbox"/> Small Entity Statement                              | Part 2 Copy - Notice To File Missing Parts Of Nonprovisional Application Formalities Letter (1 page) (in dupl.); & Declaration And Power of Attorney (Executed) (2 pages). |
| <input type="checkbox"/> Certified Copy of Priority Document(s)                      | <input type="checkbox"/> Request for Refund   |  |
| <input checked="" type="checkbox"/> Response to Missing Parts/Incomplete Application | Remarks   |  |
| <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53         |   |  |

### SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

|                         |   |
|-------------------------|---|
| Firm or Individual Name | Walter J. Kawula, Jr., Esq.<br>WELSH & KATZ, LTD. |
| Signature               | <i>Walter J. Kawula, Jr.</i>                      |
| Date                    | 11/20/2000  |

### CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope Addressed to: Assistant Commissioner for Patents, Washington, DC 20231 on this date: **November 20, 2000**

|                       |                              |      |                   |
|-----------------------|------------------------------|------|-------------------|
| Typed or Printed Name | Walter J. Kawula, Jr., Esq.  |      |                   |
| Signature             | <i>Walter J. Kawula, Jr.</i> | Date | November 20, 2000 |

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Office, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

|  |  |                    |            |             |               |                      |                   |               |  |                  |      |                     |            |
|--|--|--------------------|------------|-------------|---------------|----------------------|-------------------|---------------|--|------------------|------|---------------------|------------|
| <h1 style="margin: 0;">FEE TRANSMITTAL</h1> <h2 style="margin: 0;">for FY 2000</h2> <p style="font-size: small; margin-top: 10px;">Patent fees are subject to annual revision.</p> | <p style="text-align: center; font-weight: bold;">Complete if Known</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Application Number</td> <td>09/612,789</td> </tr> <tr> <td>Filing Date</td> <td>July 10, 2000</td> </tr> <tr> <td>First Named Inventor</td> <td>Satyan G. Pitroda</td> </tr> <tr> <td>Examiner Name</td> <td></td> </tr> <tr> <td>Group / Art Unit</td> <td>2745</td> </tr> <tr> <td>Attorney Docket No.</td> <td>2683-79382</td> </tr> </table> | Application Number | 09/612,789 | Filing Date | July 10, 2000 | First Named Inventor | Satyan G. Pitroda | Examiner Name |  | Group / Art Unit | 2745 | Attorney Docket No. | 2683-79382 |
| Application Number   | 09/612,789   |                    |            |             |               |                      |                   |               |  |                  |      |                     |            |
| Filing Date  | July 10, 2000  |                    |            |             |               |                      |                   |               |  |                  |      |                     |            |
| First Named Inventor   | Satyan G. Pitroda  |                    |            |             |               |                      |                   |               |  |                  |      |                     |            |
| Examiner Name  |  |                    |            |             |               |                      |                   |               |  |                  |      |                     |            |
| Group / Art Unit   | 2745   |                    |            |             |               |                      |                   |               |  |                  |      |                     |            |
| Attorney Docket No.  | 2683-79382   |                    |            |             |               |                      |                   |               |  |                  |      |                     |            |
| TOTAL AMOUNT OF PAYMENT  | \$475.00   |                    |            |             |               |                      |                   |               |  |                  |      |                     |            |

| <p style="text-align: center; font-weight: bold;">METHOD OF PAYMENT (check one)</p> <p>1. <input type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to:</p> <p>Deposit Account Number: <span style="border: 1px solid black; padding: 2px 20px;">23-0920</span></p> <p>Deposit Account Name: <span style="border: 1px solid black; padding: 2px 40px;">Welsh &amp; Katz, Ltd.</span></p> <p><input checked="" type="checkbox"/> Charge Any Additional Fee Required Under 37 CFR §§ 1.16 and 1.17</p> <p><input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR § 1.27</p> <p>2. <input checked="" type="checkbox"/> Payment Enclosed:</p> <p><input checked="" type="checkbox"/> Check   <input type="checkbox"/> Credit card   <input type="checkbox"/> Money Order   <input type="checkbox"/> Other</p> <p style="text-align: center; font-weight: bold;">FEE CALCULATION</p> <p><b>1. BASIC FILING FEE</b></p> <table style="width: 100%; font-size: small;"> <thead> <tr> <th colspan="2">Large Entity</th> <th colspan="2">Small Entity</th> <th rowspan="2">Fee Description</th> <th rowspan="2">Fee Paid</th> </tr> <tr> <th>Fee Code</th> <th>Fee (\$)</th> <th>Fee Code</th> <th>Fee (\$)</th> </tr> </thead> <tbody> <tr> <td>101</td> <td>710</td> <td>201</td> <td>355</td> <td>Utility filing fee</td> <td style="text-align: right;">355.00</td> </tr> <tr> <td>106</td> <td>320</td> <td>206</td> <td>160</td> <td>Design filing fee</td> <td></td> </tr> <tr> <td>107</td> <td>490</td> <td>207</td> <td>245</td> <td>Plant filing fee</td> <td></td> </tr> <tr> <td>108</td> <td>710</td> <td>208</td> <td>355</td> <td>Reissue filing fee</td> <td></td> </tr> <tr> <td>114</td> <td>150</td> <td>214</td> <td>75</td> <td>Provisional filing fee</td> <td></td> </tr> <tr> <td colspan="5" style="text-align: right;"><b>SUBTOTAL (1)</b></td> <td style="text-align: right;"><b>\$355.00</b></td> </tr> </tbody> </table> <p><b>2. EXTRA CLAIM FEES</b></p> <table style="width: 100%; font-size: small;"> <thead> <tr> <th colspan="2">Extra Claims</th> <th rowspan="2">Fee from below</th> <th rowspan="2">Fee Paid</th> </tr> <tr> <th>Total Claims</th> <th></th> </tr> </thead> <tbody> <tr> <td>Independent Claims</td> <td>20** = 0</td> <td>X</td> <td style="text-align: right;">0.00</td> </tr> <tr> <td>Multiple Dependent</td> <td>3** = 0</td> <td>X</td> <td style="text-align: right;">0.00</td> </tr> </tbody> </table> <p><small>**or number previously paid, if greater; For Reissues, see below</small></p> <table style="width: 100%; font-size: small;"> <thead> <tr> <th colspan="2">Large Entity</th> <th colspan="2">Small Entity</th> <th rowspan="2">Fee Description</th> <th rowspan="2">Fee Paid</th> </tr> <tr> <th>Fee Code</th> <th>Fee (\$)</th> <th>Fee Code</th> <th>Fee (\$)</th> </tr> </thead> <tbody> <tr> <td>103</td> <td>18</td> <td>203</td> <td>9</td> <td>Claims in excess of 20</td> <td></td> </tr> <tr> <td>102</td> <td>80</td> <td>202</td> <td>40</td> <td>Independent claims in excess of 3</td> <td></td> </tr> <tr> <td>104</td> <td>270</td> <td>204</td> <td>135</td> <td>Multiple dependent claim, if not paid</td> <td></td> </tr> <tr> <td>109</td> <td>80</td> <td>209</td> <td>40</td> <td>** Reissue independent claims over original patent</td> <td></td> </tr> <tr> <td>110</td> <td>18</td> <td>210</td> <td>9</td> <td>** Reissue claims in excess of 20 and over original patent</td> <td></td> </tr> <tr> <td colspan="5" style="text-align: right;"><b>SUBTOTAL (2)</b></td> <td style="text-align: right;"><b>\$0.00</b></td> </tr> </tbody> </table> | Large Entity |                | Small Entity |  | Fee Description | Fee Paid | Fee Code | Fee (\$) | Fee Code | Fee (\$) | 101 | 710 | 201 | 355 | Utility filing fee | 355.00 | 106 | 320 | 206 | 160 | Design filing fee |  | 107 | 490 | 207 | 245 | Plant filing fee |  | 108 | 710 | 208 | 355 | Reissue filing fee |  | 114 | 150 | 214 | 75 | Provisional filing fee |  | <b>SUBTOTAL (1)</b> |  |  |  |  | <b>\$355.00</b> | Extra Claims |  | Fee from below | Fee Paid | Total Claims |  | Independent Claims | 20** = 0 | X | 0.00 | Multiple Dependent | 3** = 0 | X | 0.00 | Large Entity |  | Small Entity |  | Fee Description | Fee Paid | Fee Code | Fee (\$) | Fee Code | Fee (\$) | 103 | 18 | 203 | 9 | Claims in excess of 20 |  | 102 | 80 | 202 | 40 | Independent claims in excess of 3 |  | 104 | 270 | 204 | 135 | Multiple dependent claim, if not paid |  | 109 | 80 | 209 | 40 | ** Reissue independent claims over original patent |  | 110 | 18 | 210 | 9 | ** Reissue claims in excess of 20 and over original patent |  | <b>SUBTOTAL (2)</b> |  |  |  |  | <b>\$0.00</b> | <p style="text-align: center; font-weight: bold;">FEE CALCULATION (continued)</p> <p><b>3. ADDITIONAL FEES</b></p> <table style="width: 100%; font-size: small;"> <thead> <tr> <th colspan="2">Large Entity</th> <th colspan="2">Small Entity</th> <th rowspan="2">Fee Description</th> <th rowspan="2">Fee Paid</th> </tr> <tr> <th>Fee Code</th> <th>Fee (\$)</th> <th>Fee Code</th> <th>Fee (\$)</th> </tr> </thead> <tbody> <tr> <td>105</td> <td>130</td> <td>205</td> <td>65</td> <td>Surcharge - late filing fee or oath</td> <td style="text-align: right;">65.00</td> </tr> <tr> <td>127</td> <td>50</td> <td>227</td> <td>25</td> <td>Surcharge - late provisional filing fee or cover sheet</td> <td></td> </tr> <tr> <td>139</td> <td>130</td> <td>139</td> <td>130</td> <td>Non - English specification</td> <td></td> </tr> <tr> <td>147</td> <td>2,520</td> <td>147</td> <td>2,520</td> <td>For filing a request for <i>ex parte</i> reexamination</td> <td></td> </tr> <tr> <td>112</td> <td>920*</td> <td>112</td> <td>920*</td> <td>Requesting publication of SIR prior to Examiner action</td> <td></td> </tr> <tr> <td>113</td> <td>1,840*</td> <td>113</td> <td>1,840*</td> <td>Requesting publication of SIR after Examiner action</td> <td></td> </tr> <tr> <td>115</td> <td>110</td> <td>215</td> <td>55</td> <td>Extension for reply within first month</td> <td style="text-align: right;">55.00</td> </tr> <tr> <td>116</td> <td>390</td> <td>216</td> <td>195</td> <td>Extension for reply within second month</td> <td></td> </tr> <tr> <td>117</td> <td>890</td> <td>217</td> <td>445</td> <td>Extension for reply within third month</td> <td></td> </tr> <tr> <td>118</td> <td>1,390</td> <td>218</td> <td>695</td> <td>Extension for reply within fourth month</td> <td></td> </tr> <tr> <td>128</td> <td>1,890</td> <td>228</td> <td>945</td> <td>Extension for reply within fifth month</td> <td></td> </tr> <tr> <td>119</td> <td>310</td> <td>219</td> <td>155</td> <td>Notice of Appeal</td> <td></td> </tr> <tr> <td>120</td> <td>310</td> <td>220</td> <td>155</td> <td>Filing a brief in support of an appeal</td> <td></td> </tr> <tr> <td>121</td> <td>270</td> <td>221</td> <td>135</td> <td>Request for oral hearing</td> <td></td> </tr> <tr> <td>138</td> <td>1,510</td> <td>138</td> <td>1,510</td> <td>Petition to institute a public use proceeding</td> <td></td> </tr> <tr> <td>140</td> <td>110</td> <td>240</td> <td>55</td> <td>Petition to revive - unavoidable</td> <td></td> </tr> <tr> <td>141</td> <td>1,240</td> <td>241</td> <td>620</td> <td>Petition to revive - unintentional</td> <td></td> </tr> <tr> <td>142</td> <td>1,240</td> <td>242</td> <td>620</td> <td>Utility issue fee (or reissue)</td> <td></td> </tr> <tr> <td>143</td> <td>440</td> <td>243</td> <td>220</td> <td>Design issue fee</td> <td></td> </tr> <tr> <td>144</td> <td>600</td> <td>244</td> <td>300</td> <td>Plant issue fee</td> <td></td> </tr> <tr> <td>122</td> <td>130</td> <td>122</td> <td>130</td> <td>Petitions to the Commissioner</td> <td></td> </tr> <tr> <td>123</td> <td>50</td> <td>123</td> <td>50</td> <td>Petitions related to provisional applications</td> <td></td> </tr> <tr> <td>126</td> <td>240</td> <td>126</td> <td>240</td> <td>Submission of Information Disclosure Statement</td> <td></td> </tr> <tr> <td>581</td> <td>40</td> <td>581</td> <td>40</td> <td>Recording each patent assignment per property (times number of properties)</td> <td></td> </tr> <tr> <td>146</td> <td>710</td> <td>246</td> <td>355</td> <td>Filing a submission after final rejection (37 CFR § 1.129(a))</td> <td></td> </tr> <tr> <td>149</td> <td>710</td> <td>249</td> <td>355</td> <td>For each additional invention to be examined (37 CFR § 1.129(b))</td> <td></td> </tr> <tr> <td>179</td> <td>710</td> <td>279</td> <td>355</td> <td>Request for Continued Examination (RCE)</td> <td></td> </tr> <tr> <td>169</td> <td>900</td> <td>169</td> <td>900</td> <td>Request for expedited examination of a design application</td> <td></td> </tr> <tr> <td colspan="5">Other fee (specify) _____</td> <td></td> </tr> <tr> <td colspan="5" style="text-align: right;"><b>SUBTOTAL (3)</b></td> <td style="text-align: right;"><b>\$120.00</b></td> </tr> </tbody> </table> <p style="text-align: right; margin-top: 10px;">Reduced by Basic Filing Fee Paid</p> | Large Entity |  | Small Entity |  | Fee Description | Fee Paid | Fee Code | Fee (\$) | Fee Code | Fee (\$) | 105 | 130 | 205 | 65 | Surcharge - late filing fee or oath | 65.00 | 127 | 50 | 227 | 25 | Surcharge - late provisional filing fee or cover sheet |  | 139 | 130 | 139 | 130 | Non - English specification |  | 147 | 2,520 | 147 | 2,520 | For filing a request for <i>ex parte</i> reexamination |  | 112 | 920* | 112 | 920* | Requesting publication of SIR prior to Examiner action |  | 113 | 1,840* | 113 | 1,840* | Requesting publication of SIR after Examiner action |  | 115 | 110 | 215 | 55 | Extension for reply within first month | 55.00 | 116 | 390 | 216 | 195 | Extension for reply within second month |  | 117 | 890 | 217 | 445 | Extension for reply within third month |  | 118 | 1,390 | 218 | 695 | Extension for reply within fourth month |  | 128 | 1,890 | 228 | 945 | Extension for reply within fifth month |  | 119 | 310 | 219 | 155 | Notice of Appeal |  | 120 | 310 | 220 | 155 | Filing a brief in support of an appeal |  | 121 | 270 | 221 | 135 | Request for oral hearing |  | 138 | 1,510 | 138 | 1,510 | Petition to institute a public use proceeding |  | 140 | 110 | 240 | 55 | Petition to revive - unavoidable |  | 141 | 1,240 | 241 | 620 | Petition to revive - unintentional |  | 142 | 1,240 | 242 | 620 | Utility issue fee (or reissue) |  | 143 | 440 | 243 | 220 | Design issue fee |  | 144 | 600 | 244 | 300 | Plant issue fee |  | 122 | 130 | 122 | 130 | Petitions to the Commissioner |  | 123 | 50 | 123 | 50 | Petitions related to provisional applications |  | 126 | 240 | 126 | 240 | Submission of Information Disclosure Statement |  | 581 | 40 | 581 | 40 | Recording each patent assignment per property (times number of properties) |  | 146 | 710 | 246 | 355 | Filing a submission after final rejection (37 CFR § 1.129(a)) |  | 149 | 710 | 249 | 355 | For each additional invention to be examined (37 CFR § 1.129(b)) |  | 179 | 710 | 279 | 355 | Request for Continued Examination (RCE) |  | 169 | 900 | 169 | 900 | Request for expedited examination of a design application |  | Other fee (specify) _____ |  |  |  |  |  | <b>SUBTOTAL (3)</b> |  |  |  |  | <b>\$120.00</b> |
|--|--------------|----------------|--------------|--|-----------------|----------|----------|----------|----------|----------|-----|-----|-----|-----|--------------------|--------|-----|-----|-----|-----|-------------------|--|-----|-----|-----|-----|------------------|--|-----|-----|-----|-----|--------------------|--|-----|-----|-----|----|------------------------|--|---------------------|--|--|--|--|-----------------|--------------|--|----------------|----------|--------------|--|--------------------|----------|---|------|--------------------|---------|---|------|--------------|--|--------------|--|-----------------|----------|----------|----------|----------|----------|-----|----|-----|---|------------------------|--|-----|----|-----|----|-----------------------------------|--|-----|-----|-----|-----|---------------------------------------|--|-----|----|-----|----|--|--|-----|----|-----|---|--|--|---------------------|--|--|--|--|---------------|--|--------------|--|--------------|--|-----------------|----------|----------|----------|----------|----------|-----|-----|-----|----|-------------------------------------|-------|-----|----|-----|----|--|--|-----|-----|-----|-----|-----------------------------|--|-----|-------|-----|-------|--|--|-----|------|-----|------|--|--|-----|--------|-----|--------|---|--|-----|-----|-----|----|--|-------|-----|-----|-----|-----|---|--|-----|-----|-----|-----|--|--|-----|-------|-----|-----|---|--|-----|-------|-----|-----|--|--|-----|-----|-----|-----|------------------|--|-----|-----|-----|-----|--|--|-----|-----|-----|-----|--------------------------|--|-----|-------|-----|-------|---|--|-----|-----|-----|----|----------------------------------|--|-----|-------|-----|-----|------------------------------------|--|-----|-------|-----|-----|--------------------------------|--|-----|-----|-----|-----|------------------|--|-----|-----|-----|-----|-----------------|--|-----|-----|-----|-----|-------------------------------|--|-----|----|-----|----|---|--|-----|-----|-----|-----|--|--|-----|----|-----|----|--|--|-----|-----|-----|-----|---|--|-----|-----|-----|-----|--|--|-----|-----|-----|-----|---|--|-----|-----|-----|-----|---|--|---------------------------|--|--|--|--|--|---------------------|--|--|--|--|-----------------|
| Large Entity   |              | Small Entity   |              | Fee Description  |                 |          | Fee Paid |          |          |          |     |     |     |     |                    |        |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                     |  |  |  |  |                 |              |  |                |          |              |  |                    |          |   |      |                    |         |   |      |              |  |              |  |                 |          |          |          |          |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |  |  |     |    |     |   |  |  |                     |  |  |  |  |               |  |              |  |              |  |                 |          |          |          |          |          |     |     |     |    |                                     |       |     |    |     |    |  |  |     |     |     |     |                             |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |        |   |  |     |     |     |    |  |       |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |  |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                     |  |  |  |  |                 |
| Fee Code   | Fee (\$)     | Fee Code       | Fee (\$)     |  |                 |          |          |          |          |          |     |     |     |     |                    |        |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                     |  |  |  |  |                 |              |  |                |          |              |  |                    |          |   |      |                    |         |   |      |              |  |              |  |                 |          |          |          |          |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |  |  |     |    |     |   |  |  |                     |  |  |  |  |               |  |              |  |              |  |                 |          |          |          |          |          |     |     |     |    |                                     |       |     |    |     |    |  |  |     |     |     |     |                             |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |        |   |  |     |     |     |    |  |       |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |  |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                     |  |  |  |  |                 |
| 101  | 710          | 201            | 355          | Utility filing fee   | 355.00          |          |          |          |          |          |     |     |     |     |                    |        |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                     |  |  |  |  |                 |              |  |                |          |              |  |                    |          |   |      |                    |         |   |      |              |  |              |  |                 |          |          |          |          |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |  |  |     |    |     |   |  |  |                     |  |  |  |  |               |  |              |  |              |  |                 |          |          |          |          |          |     |     |     |    |                                     |       |     |    |     |    |  |  |     |     |     |     |                             |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |        |   |  |     |     |     |    |  |       |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |  |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                     |  |  |  |  |                 |
| 106  | 320          | 206            | 160          | Design filing fee  |                 |          |          |          |          |          |     |     |     |     |                    |        |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                     |  |  |  |  |                 |              |  |                |          |              |  |                    |          |   |      |                    |         |   |      |              |  |              |  |                 |          |          |          |          |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |  |  |     |    |     |   |  |  |                     |  |  |  |  |               |  |              |  |              |  |                 |          |          |          |          |          |     |     |     |    |                                     |       |     |    |     |    |  |  |     |     |     |     |                             |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |        |   |  |     |     |     |    |  |       |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |  |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                     |  |  |  |  |                 |
| 107  | 490          | 207            | 245          | Plant filing fee   |                 |          |          |          |          |          |     |     |     |     |                    |        |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                     |  |  |  |  |                 |              |  |                |          |              |  |                    |          |   |      |                    |         |   |      |              |  |              |  |                 |          |          |          |          |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |  |  |     |    |     |   |  |  |                     |  |  |  |  |               |  |              |  |              |  |                 |          |          |          |          |          |     |     |     |    |                                     |       |     |    |     |    |  |  |     |     |     |     |                             |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |        |   |  |     |     |     |    |  |       |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |  |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                     |  |  |  |  |                 |
| 108  | 710          | 208            | 355          | Reissue filing fee   |                 |          |          |          |          |          |     |     |     |     |                    |        |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                     |  |  |  |  |                 |              |  |                |          |              |  |                    |          |   |      |                    |         |   |      |              |  |              |  |                 |          |          |          |          |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |  |  |     |    |     |   |  |  |                     |  |  |  |  |               |  |              |  |              |  |                 |          |          |          |          |          |     |     |     |    |                                     |       |     |    |     |    |  |  |     |     |     |     |                             |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |        |   |  |     |     |     |    |  |       |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |  |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                     |  |  |  |  |                 |
| 114  | 150          | 214            | 75           | Provisional filing fee   |                 |          |          |          |          |          |     |     |     |     |                    |        |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                     |  |  |  |  |                 |              |  |                |          |              |  |                    |          |   |      |                    |         |   |      |              |  |              |  |                 |          |          |          |          |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |  |  |     |    |     |   |  |  |                     |  |  |  |  |               |  |              |  |              |  |                 |          |          |          |          |          |     |     |     |    |                                     |       |     |    |     |    |  |  |     |     |     |     |                             |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |        |   |  |     |     |     |    |  |       |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |  |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                     |  |  |  |  |                 |
| <b>SUBTOTAL (1)</b>  |              |                |              |  | <b>\$355.00</b> |          |          |          |          |          |     |     |     |     |                    |        |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                     |  |  |  |  |                 |              |  |                |          |              |  |                    |          |   |      |                    |         |   |      |              |  |              |  |                 |          |          |          |          |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |  |  |     |    |     |   |  |  |                     |  |  |  |  |               |  |              |  |              |  |                 |          |          |          |          |          |     |     |     |    |                                     |       |     |    |     |    |  |  |     |     |     |     |                             |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |        |   |  |     |     |     |    |  |       |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |  |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                     |  |  |  |  |                 |
| Extra Claims   |              | Fee from below | Fee Paid     |  |                 |          |          |          |          |          |     |     |     |     |                    |        |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                     |  |  |  |  |                 |              |  |                |          |              |  |                    |          |   |      |                    |         |   |      |              |  |              |  |                 |          |          |          |          |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |  |  |     |    |     |   |  |  |                     |  |  |  |  |               |  |              |  |              |  |                 |          |          |          |          |          |     |     |     |    |                                     |       |     |    |     |    |  |  |     |     |     |     |                             |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |        |   |  |     |     |     |    |  |       |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |  |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                     |  |  |  |  |                 |
| Total Claims   |              |                |              |  |                 |          |          |          |          |          |     |     |     |     |                    |        |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                     |  |  |  |  |                 |              |  |                |          |              |  |                    |          |   |      |                    |         |   |      |              |  |              |  |                 |          |          |          |          |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |  |  |     |    |     |   |  |  |                     |  |  |  |  |               |  |              |  |              |  |                 |          |          |          |          |          |     |     |     |    |                                     |       |     |    |     |    |  |  |     |     |     |     |                             |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |        |   |  |     |     |     |    |  |       |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |  |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                     |  |  |  |  |                 |
| Independent Claims   | 20** = 0     | X              | 0.00         |  |                 |          |          |          |          |          |     |     |     |     |                    |        |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                     |  |  |  |  |                 |              |  |                |          |              |  |                    |          |   |      |                    |         |   |      |              |  |              |  |                 |          |          |          |          |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |  |  |     |    |     |   |  |  |                     |  |  |  |  |               |  |              |  |              |  |                 |          |          |          |          |          |     |     |     |    |                                     |       |     |    |     |    |  |  |     |     |     |     |                             |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |        |   |  |     |     |     |    |  |       |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |  |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                     |  |  |  |  |                 |
| Multiple Dependent   | 3** = 0      | X              | 0.00         |  |                 |          |          |          |          |          |     |     |     |     |                    |        |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                     |  |  |  |  |                 |              |  |                |          |              |  |                    |          |   |      |                    |         |   |      |              |  |              |  |                 |          |          |          |          |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |  |  |     |    |     |   |  |  |                     |  |  |  |  |               |  |              |  |              |  |                 |          |          |          |          |          |     |     |     |    |                                     |       |     |    |     |    |  |  |     |     |     |     |                             |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |        |   |  |     |     |     |    |  |       |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |  |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                     |  |  |  |  |                 |
| Large Entity   |              | Small Entity   |              | Fee Description  | Fee Paid        |          |          |          |          |          |     |     |     |     |                    |        |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                     |  |  |  |  |                 |              |  |                |          |              |  |                    |          |   |      |                    |         |   |      |              |  |              |  |                 |          |          |          |          |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |  |  |     |    |     |   |  |  |                     |  |  |  |  |               |  |              |  |              |  |                 |          |          |          |          |          |     |     |     |    |                                     |       |     |    |     |    |  |  |     |     |     |     |                             |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |        |   |  |     |     |     |    |  |       |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |  |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                     |  |  |  |  |                 |
| Fee Code   | Fee (\$)     | Fee Code       | Fee (\$)     |  |                 |          |          |          |          |          |     |     |     |     |                    |        |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                     |  |  |  |  |                 |              |  |                |          |              |  |                    |          |   |      |                    |         |   |      |              |  |              |  |                 |          |          |          |          |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |  |  |     |    |     |   |  |  |                     |  |  |  |  |               |  |              |  |              |  |                 |          |          |          |          |          |     |     |     |    |                                     |       |     |    |     |    |  |  |     |     |     |     |                             |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |        |   |  |     |     |     |    |  |       |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |  |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                     |  |  |  |  |                 |
| 103  | 18           | 203            | 9            | Claims in excess of 20   |                 |          |          |          |          |          |     |     |     |     |                    |        |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                     |  |  |  |  |                 |              |  |                |          |              |  |                    |          |   |      |                    |         |   |      |              |  |              |  |                 |          |          |          |          |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |  |  |     |    |     |   |  |  |                     |  |  |  |  |               |  |              |  |              |  |                 |          |          |          |          |          |     |     |     |    |                                     |       |     |    |     |    |  |  |     |     |     |     |                             |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |        |   |  |     |     |     |    |  |       |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |  |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                     |  |  |  |  |                 |
| 102  | 80           | 202            | 40           | Independent claims in excess of 3  |                 |          |          |          |          |          |     |     |     |     |                    |        |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                     |  |  |  |  |                 |              |  |                |          |              |  |                    |          |   |      |                    |         |   |      |              |  |              |  |                 |          |          |          |          |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |  |  |     |    |     |   |  |  |                     |  |  |  |  |               |  |              |  |              |  |                 |          |          |          |          |          |     |     |     |    |                                     |       |     |    |     |    |  |  |     |     |     |     |                             |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |        |   |  |     |     |     |    |  |       |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |  |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                     |  |  |  |  |                 |
| 104  | 270          | 204            | 135          | Multiple dependent claim, if not paid                                      |                 |          |          |          |          |          |     |     |     |     |                    |        |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                     |  |  |  |  |                 |              |  |                |          |              |  |                    |          |   |      |                    |         |   |      |              |  |              |  |                 |          |          |          |          |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |  |  |     |    |     |   |  |  |                     |  |  |  |  |               |  |              |  |              |  |                 |          |          |          |          |          |     |     |     |    |                                     |       |     |    |     |    |  |  |     |     |     |     |                             |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |        |   |  |     |     |     |    |  |       |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |  |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                     |  |  |  |  |                 |
| 109  | 80           | 209            | 40           | ** Reissue independent claims over original patent                         |                 |          |          |          |          |          |     |     |     |     |                    |        |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                     |  |  |  |  |                 |              |  |                |          |              |  |                    |          |   |      |                    |         |   |      |              |  |              |  |                 |          |          |          |          |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |  |  |     |    |     |   |  |  |                     |  |  |  |  |               |  |              |  |              |  |                 |          |          |          |          |          |     |     |     |    |                                     |       |     |    |     |    |  |  |     |     |     |     |                             |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |        |   |  |     |     |     |    |  |       |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |  |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                     |  |  |  |  |                 |
| 110  | 18           | 210            | 9            | ** Reissue claims in excess of 20 and over original patent                 |                 |          |          |          |          |          |     |     |     |     |                    |        |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                     |  |  |  |  |                 |              |  |                |          |              |  |                    |          |   |      |                    |         |   |      |              |  |              |  |                 |          |          |          |          |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |  |  |     |    |     |   |  |  |                     |  |  |  |  |               |  |              |  |              |  |                 |          |          |          |          |          |     |     |     |    |                                     |       |     |    |     |    |  |  |     |     |     |     |                             |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |        |   |  |     |     |     |    |  |       |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |  |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                     |  |  |  |  |                 |
| <b>SUBTOTAL (2)</b>  |              |                |              |  | <b>\$0.00</b>   |          |          |          |          |          |     |     |     |     |                    |        |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                     |  |  |  |  |                 |              |  |                |          |              |  |                    |          |   |      |                    |         |   |      |              |  |              |  |                 |          |          |          |          |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |  |  |     |    |     |   |  |  |                     |  |  |  |  |               |  |              |  |              |  |                 |          |          |          |          |          |     |     |     |    |                                     |       |     |    |     |    |  |  |     |     |     |     |                             |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |        |   |  |     |     |     |    |  |       |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |  |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                     |  |  |  |  |                 |
| Large Entity   |              | Small Entity   |              | Fee Description  | Fee Paid        |          |          |          |          |          |     |     |     |     |                    |        |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                     |  |  |  |  |                 |              |  |                |          |              |  |                    |          |   |      |                    |         |   |      |              |  |              |  |                 |          |          |          |          |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |  |  |     |    |     |   |  |  |                     |  |  |  |  |               |  |              |  |              |  |                 |          |          |          |          |          |     |     |     |    |                                     |       |     |    |     |    |  |  |     |     |     |     |                             |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |        |   |  |     |     |     |    |  |       |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |  |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                     |  |  |  |  |                 |
| Fee Code   | Fee (\$)     | Fee Code       | Fee (\$)     |  |                 |          |          |          |          |          |     |     |     |     |                    |        |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                     |  |  |  |  |                 |              |  |                |          |              |  |                    |          |   |      |                    |         |   |      |              |  |              |  |                 |          |          |          |          |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |  |  |     |    |     |   |  |  |                     |  |  |  |  |               |  |              |  |              |  |                 |          |          |          |          |          |     |     |     |    |                                     |       |     |    |     |    |  |  |     |     |     |     |                             |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |        |   |  |     |     |     |    |  |       |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |  |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                     |  |  |  |  |                 |
| 105  | 130          | 205            | 65           | Surcharge - late filing fee or oath  | 65.00           |          |          |          |          |          |     |     |     |     |                    |        |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                     |  |  |  |  |                 |              |  |                |          |              |  |                    |          |   |      |                    |         |   |      |              |  |              |  |                 |          |          |          |          |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |  |  |     |    |     |   |  |  |                     |  |  |  |  |               |  |              |  |              |  |                 |          |          |          |          |          |     |     |     |    |                                     |       |     |    |     |    |  |  |     |     |     |     |                             |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |        |   |  |     |     |     |    |  |       |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |  |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                     |  |  |  |  |                 |
| 127  | 50           | 227            | 25           | Surcharge - late provisional filing fee or cover sheet                     |                 |          |          |          |          |          |     |     |     |     |                    |        |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                     |  |  |  |  |                 |              |  |                |          |              |  |                    |          |   |      |                    |         |   |      |              |  |              |  |                 |          |          |          |          |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |  |  |     |    |     |   |  |  |                     |  |  |  |  |               |  |              |  |              |  |                 |          |          |          |          |          |     |     |     |    |                                     |       |     |    |     |    |  |  |     |     |     |     |                             |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |        |   |  |     |     |     |    |  |       |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |  |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                     |  |  |  |  |                 |
| 139  | 130          | 139            | 130          | Non - English specification  |                 |          |          |          |          |          |     |     |     |     |                    |        |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                     |  |  |  |  |                 |              |  |                |          |              |  |                    |          |   |      |                    |         |   |      |              |  |              |  |                 |          |          |          |          |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |  |  |     |    |     |   |  |  |                     |  |  |  |  |               |  |              |  |              |  |                 |          |          |          |          |          |     |     |     |    |                                     |       |     |    |     |    |  |  |     |     |     |     |                             |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |        |   |  |     |     |     |    |  |       |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |  |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                     |  |  |  |  |                 |
| 147  | 2,520        | 147            | 2,520        | For filing a request for <i>ex parte</i> reexamination                     |                 |          |          |          |          |          |     |     |     |     |                    |        |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                     |  |  |  |  |                 |              |  |                |          |              |  |                    |          |   |      |                    |         |   |      |              |  |              |  |                 |          |          |          |          |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |  |  |     |    |     |   |  |  |                     |  |  |  |  |               |  |              |  |              |  |                 |          |          |          |          |          |     |     |     |    |                                     |       |     |    |     |    |  |  |     |     |     |     |                             |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |        |   |  |     |     |     |    |  |       |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |  |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                     |  |  |  |  |                 |
| 112  | 920*         | 112            | 920*         | Requesting publication of SIR prior to Examiner action                     |                 |          |          |          |          |          |     |     |     |     |                    |        |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                     |  |  |  |  |                 |              |  |                |          |              |  |                    |          |   |      |                    |         |   |      |              |  |              |  |                 |          |          |          |          |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |  |  |     |    |     |   |  |  |                     |  |  |  |  |               |  |              |  |              |  |                 |          |          |          |          |          |     |     |     |    |                                     |       |     |    |     |    |  |  |     |     |     |     |                             |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |        |   |  |     |     |     |    |  |       |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |  |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                     |  |  |  |  |                 |
| 113  | 1,840*       | 113            | 1,840*       | Requesting publication of SIR after Examiner action                        |                 |          |          |          |          |          |     |     |     |     |                    |        |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                     |  |  |  |  |                 |              |  |                |          |              |  |                    |          |   |      |                    |         |   |      |              |  |              |  |                 |          |          |          |          |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |  |  |     |    |     |   |  |  |                     |  |  |  |  |               |  |              |  |              |  |                 |          |          |          |          |          |     |     |     |    |                                     |       |     |    |     |    |  |  |     |     |     |     |                             |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |        |   |  |     |     |     |    |  |       |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |  |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                     |  |  |  |  |                 |
| 115  | 110          | 215            | 55           | Extension for reply within first month                                     | 55.00           |          |          |          |          |          |     |     |     |     |                    |        |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                     |  |  |  |  |                 |              |  |                |          |              |  |                    |          |   |      |                    |         |   |      |              |  |              |  |                 |          |          |          |          |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |  |  |     |    |     |   |  |  |                     |  |  |  |  |               |  |              |  |              |  |                 |          |          |          |          |          |     |     |     |    |                                     |       |     |    |     |    |  |  |     |     |     |     |                             |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |        |   |  |     |     |     |    |  |       |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |  |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                     |  |  |  |  |                 |
| 116  | 390          | 216            | 195          | Extension for reply within second month                                    |                 |          |          |          |          |          |     |     |     |     |                    |        |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                     |  |  |  |  |                 |              |  |                |          |              |  |                    |          |   |      |                    |         |   |      |              |  |              |  |                 |          |          |          |          |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |  |  |     |    |     |   |  |  |                     |  |  |  |  |               |  |              |  |              |  |                 |          |          |          |          |          |     |     |     |    |                                     |       |     |    |     |    |  |  |     |     |     |     |                             |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |        |   |  |     |     |     |    |  |       |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |  |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                     |  |  |  |  |                 |
| 117  | 890          | 217            | 445          | Extension for reply within third month                                     |                 |          |          |          |          |          |     |     |     |     |                    |        |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                     |  |  |  |  |                 |              |  |                |          |              |  |                    |          |   |      |                    |         |   |      |              |  |              |  |                 |          |          |          |          |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |  |  |     |    |     |   |  |  |                     |  |  |  |  |               |  |              |  |              |  |                 |          |          |          |          |          |     |     |     |    |                                     |       |     |    |     |    |  |  |     |     |     |     |                             |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |        |   |  |     |     |     |    |  |       |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |  |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                     |  |  |  |  |                 |
| 118  | 1,390        | 218            | 695          | Extension for reply within fourth month                                    |                 |          |          |          |          |          |     |     |     |     |                    |        |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                     |  |  |  |  |                 |              |  |                |          |              |  |                    |          |   |      |                    |         |   |      |              |  |              |  |                 |          |          |          |          |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |  |  |     |    |     |   |  |  |                     |  |  |  |  |               |  |              |  |              |  |                 |          |          |          |          |          |     |     |     |    |                                     |       |     |    |     |    |  |  |     |     |     |     |                             |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |        |   |  |     |     |     |    |  |       |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |  |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                     |  |  |  |  |                 |
| 128  | 1,890        | 228            | 945          | Extension for reply within fifth month                                     |                 |          |          |          |          |          |     |     |     |     |                    |        |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                     |  |  |  |  |                 |              |  |                |          |              |  |                    |          |   |      |                    |         |   |      |              |  |              |  |                 |          |          |          |          |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |  |  |     |    |     |   |  |  |                     |  |  |  |  |               |  |              |  |              |  |                 |          |          |          |          |          |     |     |     |    |                                     |       |     |    |     |    |  |  |     |     |     |     |                             |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |        |   |  |     |     |     |    |  |       |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |  |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                     |  |  |  |  |                 |
| 119  | 310          | 219            | 155          | Notice of Appeal   |                 |          |          |          |          |          |     |     |     |     |                    |        |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                     |  |  |  |  |                 |              |  |                |          |              |  |                    |          |   |      |                    |         |   |      |              |  |              |  |                 |          |          |          |          |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |  |  |     |    |     |   |  |  |                     |  |  |  |  |               |  |              |  |              |  |                 |          |          |          |          |          |     |     |     |    |                                     |       |     |    |     |    |  |  |     |     |     |     |                             |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |        |   |  |     |     |     |    |  |       |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |  |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                     |  |  |  |  |                 |
| 120  | 310          | 220            | 155          | Filing a brief in support of an appeal                                     |                 |          |          |          |          |          |     |     |     |     |                    |        |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                     |  |  |  |  |                 |              |  |                |          |              |  |                    |          |   |      |                    |         |   |      |              |  |              |  |                 |          |          |          |          |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |  |  |     |    |     |   |  |  |                     |  |  |  |  |               |  |              |  |              |  |                 |          |          |          |          |          |     |     |     |    |                                     |       |     |    |     |    |  |  |     |     |     |     |                             |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |        |   |  |     |     |     |    |  |       |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |  |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                     |  |  |  |  |                 |
| 121  | 270          | 221            | 135          | Request for oral hearing   |                 |          |          |          |          |          |     |     |     |     |                    |        |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                     |  |  |  |  |                 |              |  |                |          |              |  |                    |          |   |      |                    |         |   |      |              |  |              |  |                 |          |          |          |          |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |  |  |     |    |     |   |  |  |                     |  |  |  |  |               |  |              |  |              |  |                 |          |          |          |          |          |     |     |     |    |                                     |       |     |    |     |    |  |  |     |     |     |     |                             |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |        |   |  |     |     |     |    |  |       |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |  |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                     |  |  |  |  |                 |
| 138  | 1,510        | 138            | 1,510        | Petition to institute a public use proceeding                              |                 |          |          |          |          |          |     |     |     |     |                    |        |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                     |  |  |  |  |                 |              |  |                |          |              |  |                    |          |   |      |                    |         |   |      |              |  |              |  |                 |          |          |          |          |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |  |  |     |    |     |   |  |  |                     |  |  |  |  |               |  |              |  |              |  |                 |          |          |          |          |          |     |     |     |    |                                     |       |     |    |     |    |  |  |     |     |     |     |                             |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |        |   |  |     |     |     |    |  |       |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |  |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                     |  |  |  |  |                 |
| 140  | 110          | 240            | 55           | Petition to revive - unavoidable   |                 |          |          |          |          |          |     |     |     |     |                    |        |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                     |  |  |  |  |                 |              |  |                |          |              |  |                    |          |   |      |                    |         |   |      |              |  |              |  |                 |          |          |          |          |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |  |  |     |    |     |   |  |  |                     |  |  |  |  |               |  |              |  |              |  |                 |          |          |          |          |          |     |     |     |    |                                     |       |     |    |     |    |  |  |     |     |     |     |                             |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |        |   |  |     |     |     |    |  |       |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |  |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                     |  |  |  |  |                 |
| 141  | 1,240        | 241            | 620          | Petition to revive - unintentional   |                 |          |          |          |          |          |     |     |     |     |                    |        |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                     |  |  |  |  |                 |              |  |                |          |              |  |                    |          |   |      |                    |         |   |      |              |  |              |  |                 |          |          |          |          |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |  |  |     |    |     |   |  |  |                     |  |  |  |  |               |  |              |  |              |  |                 |          |          |          |          |          |     |     |     |    |                                     |       |     |    |     |    |  |  |     |     |     |     |                             |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |        |   |  |     |     |     |    |  |       |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |  |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                     |  |  |  |  |                 |
| 142  | 1,240        | 242            | 620          | Utility issue fee (or reissue)   |                 |          |          |          |          |          |     |     |     |     |                    |        |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                     |  |  |  |  |                 |              |  |                |          |              |  |                    |          |   |      |                    |         |   |      |              |  |              |  |                 |          |          |          |          |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |  |  |     |    |     |   |  |  |                     |  |  |  |  |               |  |              |  |              |  |                 |          |          |          |          |          |     |     |     |    |                                     |       |     |    |     |    |  |  |     |     |     |     |                             |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |        |   |  |     |     |     |    |  |       |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |  |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                     |  |  |  |  |                 |
| 143  | 440          | 243            | 220          | Design issue fee   |                 |          |          |          |          |          |     |     |     |     |                    |        |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                     |  |  |  |  |                 |              |  |                |          |              |  |                    |          |   |      |                    |         |   |      |              |  |              |  |                 |          |          |          |          |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |  |  |     |    |     |   |  |  |                     |  |  |  |  |               |  |              |  |              |  |                 |          |          |          |          |          |     |     |     |    |                                     |       |     |    |     |    |  |  |     |     |     |     |                             |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |        |   |  |     |     |     |    |  |       |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |  |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                     |  |  |  |  |                 |
| 144  | 600          | 244            | 300          | Plant issue fee  |                 |          |          |          |          |          |     |     |     |     |                    |        |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                     |  |  |  |  |                 |              |  |                |          |              |  |                    |          |   |      |                    |         |   |      |              |  |              |  |                 |          |          |          |          |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |  |  |     |    |     |   |  |  |                     |  |  |  |  |               |  |              |  |              |  |                 |          |          |          |          |          |     |     |     |    |                                     |       |     |    |     |    |  |  |     |     |     |     |                             |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |        |   |  |     |     |     |    |  |       |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |  |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                     |  |  |  |  |                 |
| 122  | 130          | 122            | 130          | Petitions to the Commissioner  |                 |          |          |          |          |          |     |     |     |     |                    |        |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                     |  |  |  |  |                 |              |  |                |          |              |  |                    |          |   |      |                    |         |   |      |              |  |              |  |                 |          |          |          |          |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |  |  |     |    |     |   |  |  |                     |  |  |  |  |               |  |              |  |              |  |                 |          |          |          |          |          |     |     |     |    |                                     |       |     |    |     |    |  |  |     |     |     |     |                             |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |        |   |  |     |     |     |    |  |       |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |  |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                     |  |  |  |  |                 |
| 123  | 50           | 123            | 50           | Petitions related to provisional applications                              |                 |          |          |          |          |          |     |     |     |     |                    |        |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                     |  |  |  |  |                 |              |  |                |          |              |  |                    |          |   |      |                    |         |   |      |              |  |              |  |                 |          |          |          |          |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |  |  |     |    |     |   |  |  |                     |  |  |  |  |               |  |              |  |              |  |                 |          |          |          |          |          |     |     |     |    |                                     |       |     |    |     |    |  |  |     |     |     |     |                             |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |        |   |  |     |     |     |    |  |       |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |  |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                     |  |  |  |  |                 |
| 126  | 240          | 126            | 240          | Submission of Information Disclosure Statement                             |                 |          |          |          |          |          |     |     |     |     |                    |        |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                     |  |  |  |  |                 |              |  |                |          |              |  |                    |          |   |      |                    |         |   |      |              |  |              |  |                 |          |          |          |          |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |  |  |     |    |     |   |  |  |                     |  |  |  |  |               |  |              |  |              |  |                 |          |          |          |          |          |     |     |     |    |                                     |       |     |    |     |    |  |  |     |     |     |     |                             |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |        |   |  |     |     |     |    |  |       |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |  |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                     |  |  |  |  |                 |
| 581  | 40           | 581            | 40           | Recording each patent assignment per property (times number of properties) |                 |          |          |          |          |          |     |     |     |     |                    |        |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                     |  |  |  |  |                 |              |  |                |          |              |  |                    |          |   |      |                    |         |   |      |              |  |              |  |                 |          |          |          |          |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |  |  |     |    |     |   |  |  |                     |  |  |  |  |               |  |              |  |              |  |                 |          |          |          |          |          |     |     |     |    |                                     |       |     |    |     |    |  |  |     |     |     |     |                             |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |        |   |  |     |     |     |    |  |       |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |  |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                     |  |  |  |  |                 |
| 146  | 710          | 246            | 355          | Filing a submission after final rejection (37 CFR § 1.129(a))              |                 |          |          |          |          |          |     |     |     |     |                    |        |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                     |  |  |  |  |                 |              |  |                |          |              |  |                    |          |   |      |                    |         |   |      |              |  |              |  |                 |          |          |          |          |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |  |  |     |    |     |   |  |  |                     |  |  |  |  |               |  |              |  |              |  |                 |          |          |          |          |          |     |     |     |    |                                     |       |     |    |     |    |  |  |     |     |     |     |                             |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |        |   |  |     |     |     |    |  |       |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |  |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                     |  |  |  |  |                 |
| 149  | 710          | 249            | 355          | For each additional invention to be examined (37 CFR § 1.129(b))           |                 |          |          |          |          |          |     |     |     |     |                    |        |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                     |  |  |  |  |                 |              |  |                |          |              |  |                    |          |   |      |                    |         |   |      |              |  |              |  |                 |          |          |          |          |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |  |  |     |    |     |   |  |  |                     |  |  |  |  |               |  |              |  |              |  |                 |          |          |          |          |          |     |     |     |    |                                     |       |     |    |     |    |  |  |     |     |     |     |                             |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |        |   |  |     |     |     |    |  |       |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |  |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                     |  |  |  |  |                 |
| 179  | 710          | 279            | 355          | Request for Continued Examination (RCE)                                    |                 |          |          |          |          |          |     |     |     |     |                    |        |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                     |  |  |  |  |                 |              |  |                |          |              |  |                    |          |   |      |                    |         |   |      |              |  |              |  |                 |          |          |          |          |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |  |  |     |    |     |   |  |  |                     |  |  |  |  |               |  |              |  |              |  |                 |          |          |          |          |          |     |     |     |    |                                     |       |     |    |     |    |  |  |     |     |     |     |                             |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |        |   |  |     |     |     |    |  |       |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |  |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                     |  |  |  |  |                 |
| 169  | 900          | 169            | 900          | Request for expedited examination of a design application                  |                 |          |          |          |          |          |     |     |     |     |                    |        |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                     |  |  |  |  |                 |              |  |                |          |              |  |                    |          |   |      |                    |         |   |      |              |  |              |  |                 |          |          |          |          |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |  |  |     |    |     |   |  |  |                     |  |  |  |  |               |  |              |  |              |  |                 |          |          |          |          |          |     |     |     |    |                                     |       |     |    |     |    |  |  |     |     |     |     |                             |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |        |   |  |     |     |     |    |  |       |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |  |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                     |  |  |  |  |                 |
| Other fee (specify) _____  |              |                |              |  |                 |          |          |          |          |          |     |     |     |     |                    |        |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                     |  |  |  |  |                 |              |  |                |          |              |  |                    |          |   |      |                    |         |   |      |              |  |              |  |                 |          |          |          |          |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |  |  |     |    |     |   |  |  |                     |  |  |  |  |               |  |              |  |              |  |                 |          |          |          |          |          |     |     |     |    |                                     |       |     |    |     |    |  |  |     |     |     |     |                             |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |        |   |  |     |     |     |    |  |       |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |  |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                     |  |  |  |  |                 |
| <b>SUBTOTAL (3)</b>  |              |                |              |  | <b>\$120.00</b> |          |          |          |          |          |     |     |     |     |                    |        |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                     |  |  |  |  |                 |              |  |                |          |              |  |                    |          |   |      |                    |         |   |      |              |  |              |  |                 |          |          |          |          |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |  |  |     |    |     |   |  |  |                     |  |  |  |  |               |  |              |  |              |  |                 |          |          |          |          |          |     |     |     |    |                                     |       |     |    |     |    |  |  |     |     |     |     |                             |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |        |   |  |     |     |     |    |  |       |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |  |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                     |  |  |  |  |                 |

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|--|--|---|--|
| <p style="font-weight: bold; margin: 0;">SUBMITTED BY</p> <p style="font-size: small; margin: 0;">Name (Print/Type)      Walter J. Kawula, Jr., Esq.</p> |  | <p style="font-weight: bold; margin: 0;">Complete (if applicable)</p> <p style="font-size: small; margin: 0;">Registration No.      39,724      Telephone      (312) 655-1500</p> |  |
| <p style="font-size: small; margin: 0;">Signature      <i>Walter J. Kawula, Jr.</i></p>  |  | <p style="font-size: small; margin: 0;">Date      November 20, 2000</p>   |  |

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